LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

| I/We, the | undersigned | "Own | er(s)/Oper | rator(s)" | do | hereby | appoint |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------|-------------------------------------------------------|----------------------------------------------|---------------------------------|--------------------------------------------|-----------------------------------|
| | | | , | herein aft | er referi | red to as "V | endor", of |
| County, | | | _State, to be my/our true and lawful attorney in fact | | | | |
| as defined in the KDHI | E's Bid Project Pro | oposal in | my place | and stead, | and for | my use and | benefit to |
| represent me/us cor | ncerning reimbu | rsement | matters | relating | to Kl | DHE proje | ect name |
| | | | , KI | OHE proje | ct code | | , |
| site address | | | | | | | · |
| I/We authorize my/our behalf. | the Vendor to pre | epare, sig | n, and sub | mit reimb | ursemer | nt requests to | o KDHE on |
| I/We authorize from KDHE on my/our | the Vendor to red r behalf. | ceive, en | dorse, and | d redeem | co-pay 1 | eimbursem | ent checks |
| I/We further g everything necessary as I/we might or could do ratifying and confirm a these powers do not re between me/us and KD | if personally presult that the attorney elieve me/us of or | one in the ent, with shall lav | exercise o full powe wfully do o | of any of the or of substi or cause to | e forego tution a be done | oing powers nd revocation hereunder. | as fully as on, hereby . Granting |
| IN TESTIMO | NY WHEREOF, | , I have | hereund | er set m | y hand | this | _ day of |
| | , 20 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | Si | ignature o | f Owner | r/Operator | |
| | | | Prir | nted Name | e of Ow | ner/Operato | or |